

I. INTRODUCTION

On July 14, 2017, Officer A and his partner that night, Officer B, were assigned to respond to a call at XXXX S. Maryland Ave., Chicago, IL 60637, Comer Children's Hospital. The call came through OEMC Dispatch as a disturbance at that location and was relayed by dispatch to Officer's A and Officer B at 12:07:43 AM. More specifically, a family was trying to remove a child from the hospital and there was an altercation with staff. Officer A threatened to arrest the pediatric resident and other medical personnel responsible for the child's care unless the resident or other medical personnel unhooked the child's IV. The resident attempted to explain the child's serious medical situation to Officer A. The resident also explained that the hospital was investigating the parents for suspected child neglect. Officer A brandished his handcuffs and grabbed the resident and attempted to arrest him after the resident refused to discharge and release the child against medical advice. University of Chicago police officers and security intervened and Officer B radioed for assistance from a supervisor. Sergeant A arrived at the location and ordered Officer A and Officer B to clear the location and leave the hospital. CPD officers were eventually able to talk the parents into voluntarily leaving the hospital.¹

II. ALLEGATIONS

It is alleged that on July 14, 2017, at approximately 12:30 AM, at XXXX S. Maryland Ave., Chicago, IL 60637, **accused Officer A #XXXXXX, employee #XXXXXXX, unit XXX**, while on duty:

1. Did not provide proper police service.
2. Displayed unbecoming conduct.
3. Unnecessarily grabbed Doctor 1.
4. Threatened to arrest Doctor 1.
5. Threatened to arrest medical staff at Comer Children's Hospital.

It is alleged that on July 14, 2017, at approximately 12:30 AM, at XXXX S. Maryland Ave., Chicago, IL 60637, **accused Sergeant A #XXX, employee #XXXXXX, unit XXX**, while on duty:

1. Failed to initiate a complainant log number against Officer A after being informed of his misconduct.

It is alleged that on July 14, 2017, at approximately 12:30 AM, at XXXX S. Maryland Ave., Chicago, IL 60637, **accused Sergeant B #XXXX, employee #XXX, unit XXX**, while on duty:

1. Failed to initiate a complainant log number against Officer A after being informed of his misconduct.

¹ COPA is also investigating Officer A under Log #1085610. Log #1085610 involves allegations of Officer A neglecting his infant twin daughters. That investigation relates to this investigation because it involves Officer A disagreeing with medical diagnoses of his twin daughters by medical professionals at Comer Children's Hospital. As outlined below, Officer A repeatedly referenced his issues with Comer Children's Hospital and the Department of Children and Family Services ("DCFS") during and after the incident that occurred on July 14, 2017.

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It is alleged that on July 14, 2017, at approximately 12:30 AM, at XXXX S. Maryland Ave., Chicago, IL 60637, **accused Lieutenant A #XXX, employee #XXXXXX, unit XXX**, while on duty:

1. Failed to initiate a complainant log number against Officer A after being informed of his misconduct.

III. APPLICABLE RULES AND LAWS

Rule 1: Violation of any law or ordinance.

Rule 2: Any action or conduct which impedes the Department's efforts to achieve its policy and goals or brings discredit upon the Department.²

Rule 3: Any failure to promote the Department's efforts to implement its policy or accomplish its goals.³

Rule 5: Failure to perform any duty.

Rule 8: Disrespect to or maltreatment of any person, while on or off duty.

Rule 9: Engaging in any unjustified verbal or physical altercation with any person, while on or off duty.⁴

Rules and Regulations of the Chicago Police Department

Chicago Police Department General Order G03-02, Use of Force Guidelines

Chicago Police Department General Order G08-01-02, Specific Responsibilities Regarding Allegations of Misconduct

Illinois Complied Statute, 720 ILCS 5/12-3 (a-2), Battery

² This Rule applies to both the professional and private conduct of all members. It prohibits any and all conduct which is contrary to the letter and spirit of Departmental policy or goals or which would reflect adversely upon the Department or its members. It includes not only all unlawful acts by members but also all acts, which although not unlawful in themselves, would degrade or bring disrespect upon the member or the Department, including public and open association with persons of known bad or criminal reputation in the community unless such association is in the performance of police duties. It also includes any action contrary to the stated policy, goals, rules, regulations, orders or directives of the Department.

³ This Rule prohibits any omission or failure to act by any member of the Department, whether on or off duty, which act would be required by the stated policy, goals, rules, regulations, orders and directives of the Department. It applies to supervisory and other members who, through carelessness, inefficiency or design fail to implement all policy goals, rules, regulations, orders and directives of the Department or fail to report to the Department any and all known violations of same, or who through carelessness, inefficiency or design fail to become aware of any such violation, when their assigned duty or supervisory responsibility would require them to become so aware.

⁴ Rules 8 and 9 prohibit the use of any excessive force by any member. These rules prohibit all brutality, and physical or verbal maltreatment of any citizen while on or off duty, including any unjustified altercation of any kind.

IV. INVESTIGATION

The Civilian Office of Police Accountability (COPA)⁵ gathered relevant documentary evidence associated with this incident. In addition, COPA obtained statements from both complainant Doctor 1 and the accused: Officer A, Sergeant A, Sergeant B, and Lieutenant A.⁶ Summaries of this evidence follow.

Written Complaint

COPA received two written complaints relating to this incident. First, Commander (Cdr.) A submitted a To/From Complaint Register Initiation Report on July 14, 2017, addressed to Chief A, Bureau of Patrol. This report was forwarded to COPA for investigation. The To/From documented that Commander A was contacted by Deputy Chief A of the University of Chicago Police and advised that Officer A had grabbed or pushed Doctor 1 without justification on July 14, 2017.

Second, Civilian 1 of the University of Chicago Hospitals logged a complaint on IPRA's website. This complaint documented that she had signed affidavits for Civilian 2, Director of Public and Parking at University of Chicago Medicine (UCM) and Doctor 1, physician on-call at Comer Children's Hospital. (Attachment 6 & 7)

Affidavit of Doctor 1, M.D.⁷

Doctor 1 prepared a written affidavit that documented the events that occurred on July 13, 2017- July 14, 2017. In the affidavit, Doctor 1 averred that he was on call the night of the incident. He recalled a disagreement between the parents of a 10-month-old patient and hospital staff. The parents insisted on the hospital discharging their child. The hospital refused based on serious concerns relating to the child's health. The child's father called for law enforcement assistance in removing his child from the hospital.

Doctor 1 recalled that CPD Officers A and Officer B responded to the father's call. Doctor 1 attested that soon after Officer A and Officer B arrived, Officer A asked who the patient's doctor was and Officer A advised Doctor 1 that he had no right to keep the patient there. Officer A then stated: "You can either discharge the patient now, or someone is getting arrested." Doctor 1

⁵ On September 15, 2017, the Civilian Office of Police Accountability (COPA) replaced the Independent Police Review Authority (IPRA) as the civilian oversight agency of the Chicago Police Department. Thus, this investigation, which began under IPRA, was transferred to COPA on September 15, 2017, and the recommendation(s) set forth herein are the recommendation(s) of COPA.

⁶ COPA obtained OEMC records which confirmed that the interviewed CPD personnel were present at the hospital the night of the incident. (Attachments 10 & 59)

⁷ COPA also received an affidavit from Civilian 2, Director of Public Safety and Parking at the UCM. Civilian 2's affidavit provided substantially the same account as the written affidavit provided by Doctor 1. (Attachment 8). The affidavit adds that the University of Chicago Medicine policy states in relevant part: "*Minors do not have the right to leave against medical advice. Their parents may not remove them from the Medical Center against medical advice if removal would create a substantial risk of physical injury to the minor or otherwise prevent the minor from receiving medically indicated treatment as necessary for the minor's wellbeing. Please consult Suspected Child Abuse or Neglect Reporting; Temporary Protective Custody, Administrative Police 02-07.*" (emphasis in original).

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explained to Officer A the seriousness of the child's medical condition. Doctor 1 informed Officer A that the child could not be discharged because it was the middle of the night and there was no accepting facility or physician for a transfer. Officer A replied: "I don't care! You cannot keep this child here," and accused Doctor 1 of violating the parents' rights.

Doctor 1 asked to speak with Officer A away from the family, but Officer A refused and again ordered staff to discharge the patient. Officer A again threatened to arrest someone. Officer A removed his handcuffs. Doctor 1 continued to try and advise Officer A that he could not discharge the patient and Officer A yelled at Doctor 1 "unhook the patient to get him out of here." Doctor 1 got the attending physician on the phone, but Officer A refused to talk with the attending physician.

Doctor 1 alleges that Officer A then asked the father, "Who do you want me to arrest?" The father pointed his finger at Doctor 1 and Doctor 1 walked away to continue talking with the attending physician. Officer A followed Doctor 1 and grabbed him by the arm and shirt. Doctor 1 pulled away from his grasp and ran to the 5th floor call rooms where he called CPD to have another officer sent to the location.

By the time Doctor 1 returned to the main area of the 5th floor, Sergeant A had dismissed Officer's A and B. The hospital took protective custody of the child at 1:33 AM, and Sergeant A along with UCM security and University of Chicago Police Department (UCPD) were advised that the family needed to be removed from the unit. (Attachment 7)

Statement of Witness: Doctor 2

On August 8, 2017, Investigator A and Supervising Investigator A interviewed Doctor 2 at Comer Children's Hospital. Doctor 2's account of the incident largely mirrored the information in Doctor 1's affidavit. Doctor 2 confirmed that Officer A asked the father of the patient who he would like to be arrested and that the father pointed at Doctor 1. Doctor 2 stated that Officer A took out his handcuffs and stated, "somebody here is going to be arrested." Doctor 2 stated that Officer A repeatedly stated that someone would be arrested. Doctor 2 stated that Officer A became increasingly hostile as she and Doctor 1 walked away from Officer A. Doctor 2 stated that Officer A "physically reached out, had his handcuffs out in one hand, and grabbed the collar of Doctor 1, who pulled back to get loose from his grip." Doctor 2 stated that she heard someone from the medical team yell for them (her and Doctor 1) to run, and they ran off the floor. Doctor 2 stated that she eventually spoke with a CPD sergeant. Doctor 2 stated that she told the CPD sergeant everything that happened. (Attachments 20-23 & 66).

Statement of Complainant: Doctor 1

On August 8, 2017, Investigator A and Supervising Investigator A interviewed Doctor 1 at Comer Children's Hospital. Doctor 1 was asked follow-up questions regarding the incident. Doctor 1 stated that when Officer A grabbed his arm and shirt, he was walking away and Officer A was walking towards him and then rushed him, lunging forward and grabbing his shirt. Doctor 1 stated that the contact lasted approximately a few seconds. Doctor 1 elaborated that Officer A "came

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across so aggressive and so - - almost like deranged," that he felt scared, and that he ran away from Officer A.

Doctor 1 stated that when he arrived back on the floor after the incident, he met with Sergeant A. Doctor 1 did not recall talking to Sergeant A about the incident, but remembered Sergeant A saying that he already knew what happened. Doctor 1 further stated that Sergeant A asked him what he wanted to do "regarding Officer A." Doctor 1 stated that he asked Sergeant A what his options were. Doctor 1 stated that Sergeant A informed him that one option was to file a complaint. Doctor 1 recalled telling Sergeant A that he did want to file a complaint. Doctor 1 stated that he wasn't given any further information about filing a complaint or process for filing a complaint. Doctor 1 also stated that Sergeant A never took a statement from him that night. Doctor 1 stated that there were no other CPD personnel present while he spoke with Sergeant A. (Attachments 24-27 & 67)

Body Worn Camera (BWC)

Officer A activated his BWC twice. The BWC footage corroborates Doctor 1's account of the incident. Officer A first activated his BWC while speaking with the child's father. The BWC shows the child's father attempting to explain his side of the dispute with the hospital to Officer A. Officer A goes over to his partner, Officer B, and whispers. Parts of his whispers are inaudible, but Officer A can be heard saying: "We are about to get them out of here." Officer A then walks over near an open common area with one of the University of Chicago officers, Sergeant C, and whispers "[t]he dude has the right to take their kid to a different hospital, and I am going to tell you right now I just can't (inaudible 00:59);” at which point Officer A turns off his BWC.⁸

Officer A reactivated his camera and asks the child's father, "Who is the doctor?" Officer A then walks over with the child's father to Doctor 1 and asks why the child could not be transferred. Doctor 1 begins to explain the child's medical condition and what the process of transferring the child would entail. Doctor 1 then asks to talk with Officer A without the family present, but Officer A refuses. Officer A tells Doctor 1 to "unhook" the child. Doctor 1 refuses and the child's father told Officer A to "lock him up, lock him up."

The hospital administrator (Civilian 3) approaches Officer A and asks to speak with him in private. Civilian 3 again explains the process for transferring a child and that the child could not just be removed from the hospital. Officer A responded to Civilian 3:

"somebody have to go in there and release em' because if he want me to start arresting people, that is going to be the next step... If ya'll can't do it, whoever he say arrest, he say he is the doctor,⁹ so he is going to be going first."

Officer A then tells hospital staff that he will arrest anyone the father asks him to arrest. Officer A refers to the child's father as the boss. A nurse then approaches Officer A and advises

⁸ Sergeant C drafted a To/From Report addressed to University of Chicago Police Commander B. In the report, Sergeant C writes that Officer A told him, "the hospital has to release the child to the parents because the child at this time has not been placed in protective custody. This hospital did the same thing to me." (Attachment 38)

⁹ Officer A points at Doctor 1 while saying this.

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Officer A that the child was severely malnourished. The nurse insinuates to Officer A that he would be responsible if anything happened to the child post discharge. Officer A continues his mission to discharge the child, repeating that the child should be unhooked from the IV. Officer A also repeats his threat to arrest hospital staff of the father's choosing. The security supervisor then asks Officer A to keep his voice down because he was disturbing everyone else.

Officer A then takes out his handcuffs and lifts them up in front of him, asking the child's father, "Which one you want arrested?" The child's father states that he really just wants to walk out. Officer A states: "I understand, but somebody going to have to come with us too." Officer A turns toward Doctor 1, and people in the background say "no, no." Doctor 1 moves backwards away from Officer A. Officer A begins to approach Doctor 1 and states "you can come with us, sir." Doctor 1 continues to walk backward away from Officer A with his hand up as Officer A pursues him. Witnesses can be heard saying "wow, wow" and "no, no." A nurse steps in front of Officer A stating that she would be arrested instead of Doctor 1.

Officer A continues to tell medical staff to unhook the child and they refuse. Officer A moves towards Doctor 1, reaches out and grabs Doctor 1's upper left shoulder/arm and shirt.¹⁰ Doctor 1 says, "Get off me, what are you doing?" After Doctor 1 escapes Officer A's grasp, the hospital security supervisor interjects and asks Officer A what crime he is going to arrest Doctor 1 for. Officer A advises that there is "no charge," but that he is just going to arrest Doctor 1 anyway. At this point, Officer B also interjects and motions to Officer A, raising his hand from an upward to downward motion, as if indicating Officer A to calm down. Officer B states to Officer A, "We are going to wait for a supervisor, cause we not going to do this."

Officer A's BWC then captures the conversation he has with the parents while waiting for a supervisor. The child's father states that he and the child's mother were advised the child was in a malnourished state, vitamin deficient, low weight, and that they were sent to the hospital after a routine check-up. Officer A then walks down the hallway where Officer B is talking with Sergeant A and he deactivates his camera.

Sergeant A activated his BWC twice during the incident. The first BWC footage shows Sergeant A arriving at the hospital and walking up to Officer B. Officer B states that there was a sticky situation as Officer A walks up. At this point, Sergeant A deactivates his BWC. Sergeant A's second BWC footage shows him talking with the family. Sergeant A advises the family that the hospital now has legal authority over the child and that the child can no longer be removed from the hospital. Civilian 3 advises staff to call Doctor 1 and Sergeant A and Sergeant B wait for Doctor 1 in the hallway. At this point, Sergeant A deactivates his BWC. (Attachments 15-19 & 42-46)¹¹

Video Footage from Comer Children's Hospital

COPA received video footage from Comer Children's Hospital. The footage does not show the physical contact between Officer A and Doctor 1, but it does show Officer A pursuing Doctor

¹⁰ This occurs at 9:45 on the video clock. You can hear loud voices saying "no," "stop," "what are you doing?"

¹¹ COPA also received BWC from the University of Chicago Police Department. UC officers [Sergeant] C, D, E, and F all activated their BWCs during the incident. Their BWC footage shows much of the conduct documented in the summaries of Officer A's and Sergeant A's BWC footage.

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1 as Doctor 1 walks backwards down the hallway with his hand up. A screenshot is below: (Attachment 65)



University of Chicago Police Department Reports

COPA obtained documentation of the incident from the University of Chicago Police Department including incident reports from University of Chicago Police Department Officers: Sergeant D, Field Training Officer C, Officer D, Sergeant C, Patrol Captain A, Officer E. COPA also obtained a To/From memorandum documenting the University of Chicago Police Department's *After Action Review and Training Session Summary*. The training focused on asserting "UCPD is the primary law enforcement agency on the University owned and controlled property," in addition to "de-escalation tactics that may have been used to intervene when the CPD officer was threatening to arrest a doctor." The To/From memorandum specifically addresses that Officer A reported to Sergeant C that "this happened to me, they took my child away and I won't let this happen again." (Attachments 37-40)

Interview of Witness- Officer B

On August 9, 2017, Investigator A and Supervising Investigator A interviewed Officer B at 1615 W. Chicago Avenue. Officer B confirmed that he was with Officer A during the incident. Officer B confirmed the nature of the dispute between the hospital and Officer A. Officer B also confirmed that Officer A took the parents' side in the dispute. Officer B's account of the incident was consistent with the accounts given by other witnesses outlined above. Officer B did not, however, view Officer A make physical contact with Doctor 1. Officer B states that he saw the child hooked up to an IV. Officer B stated that hospital staff explained that the child was malnourished and Vitamin K deficient.

Officer B stated that he requested a sergeant because he believed that the situation was uncomfortable. Officer B stated that he went over to Officer A to tell him that he called for a

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sergeant and to wait for the supervisor to make the decision on how to proceed. He stated that they then waited for Sergeant A to arrive. Officer B stated that upon Sergeant A arriving, he and Officer A explained the situation to Sergeant A. Officer B stated that Sergeant A then spoke with the hospital administrator and staff. Officer B stated that Sergeant A told him and Officer A to leave.

Officer B explained that after they cleared the incident, he discussed the incident with Officer A. Officer A explained his personal situation with his twins and Comer Children's Hospital. Officer B stated that Officer A emotions were very high and he told Officer A that he needed to stay neutral. Officer B stated that Officer A told him about his situation with DCFS and the Comer's Children Hospital after the incident. (Attachments 28 & 68)

Interview of Accused Officer A

On September 5, 2017, Investigator A and Supervising Investigator A interviewed Officer A at 1615 W. Chicago Avenue. Officer A affirmed he was on-duty of July 14, 2017, and recalled being dispatched to Comer Children's Hospital. Officer A verified the nature of the dispute. Officer A stated that the child's father told him that medical staff wouldn't allow him to leave with the child because the child was failing to thrive, had suffered from medical neglect, and had low vitamin levels. Officer A stated that he looked over at the child and that he did not feel that the child looked sick. Officer A stated that he believed that because the child didn't have any physical injuries and appeared to be fully capable of moving around, the family should have been able to leave with the child. Officer A stated that the child's parents had told him that hospital staff had informed them that the child's vitamin levels were "extremely low to the point bones can break." Officer A confirmed his conduct depicted in his BWC footage. (Attachments 34-36 & 70)

Interview of Accused- Sergeant A

On October 10, 2017, Investigator A and Supervising Investigator A interviewed Sergeant A at 1615 W. Chicago Avenue. Sergeant A affirmed he was on-duty of July 14, 2017 as a sector sergeant. Sergeant A stated that a supervisor was requested to respond Comer Children's Hospital by Officer B. Sergeant A stated that when he arrived at Comer Children's Hospital, he went to the 5th floor and was immediately approached by Officer B. Sergeant A stated that Officer B informed him that Officer A was having an altercation with hospital staff, there was shouting going on, and Officer B didn't know how to handle his partner (Officer A).

Sergeant A stated that he then went to go speak with the hospital administrator (Civilian 3), but Officer A came over and interjected. Sergeant A stated that he spoke with Officer A briefly and Officer A advised him that the hospital was trying to take the baby from the family. Sergeant A stated that Officer A told him that Officer A had a similar situation going on in his personal life which also occurred at Comer Children's Hospital. Sergeant A dismissed Officer A and Officer B. Sergeant A eventually agreed that the child should not be released based on the medical professionals' advice.

Sergeant A stated that he then spoke with Civilian 3, who informed him that Officer A had forcefully grabbed one of the doctors (Doctor 1). Sergeant A stated that Civilian 3 advised him that Doctor 1 had to run away from Officer A, and at that point Sergeant A asked to speak with

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Doctor 1. Sergeant A stated that he spoke to Doctor 1's and received Doctor 1's account of what happened. Sergeant A confirmed that Doctor 1 stated that he would like to file a complaint. However, Sergeant A explained that his conversation with Doctor 1 was interrupted. Several hours later, after the parents were escorted off the premises, Sergeant A went back to the floor and spoke with Civilian 3 to see if Doctor 1 still wished to pursue a complaint. Sergeant A stated that Civilian 3 told him that Doctor 1 was no longer on the floor, and Sergeant A told Civilian 3 to ask Doctor 1 and have Doctor 1 contact him. Sergeant A stated that Civilian 3 said "Well, what we really want is we don't want Officer A ever to step foot in this hospital again."

Sergeant A stated that he went back to the office and informed his Lieutenant of the situation and Comer Children's Hospital not wanting Officer A back there. Sergeant A stated that he then spoke with Officer A and informed Officer A of the allegations made by Doctor 1. Sergeant A stated that Officer A stated he "didn't do that," and that Officer A alleged that he was just trying to escort the family out of there and was going to arrest anyone that would not allow them to leave. Sergeant A stated that Officer A kept referring to his personal situation, was emotional, and asked for a copy of the BWC footage.

Sergeant A stated that the following day he received a complaint log number for failing to initiate a complaint against Officer A. Sergeant A defended his failure to initiate a complaint by stating that he did not have contact information for the doctor. Sergeant A also reiterated his belief that the relief requested was that Officer A not be allowed to respond to any future calls for service at the hospital. Sergeant A stated that Officer A was ordered not to respond to future calls for service. (Attachments 55-58 & 72)

Interview of Accused Sergeant B

On October 3, 2017, Investigator A and Supervising Investigator A interviewed Sergeant B at 1615 W. Chicago Avenue. Sergeant B affirmed he was on-duty of July 14, 2017, as a field supervisor. Sergeant B stated that he was called by Sergeant A to assist with the conflict between the hospital staff and the parents. Sergeant B stated he had no knowledge of any incident with Officer A, and that no one mentioned it to him. (Attachments 50-53 & 71)

Interview of Accused Lieutenant A

On August 25, 2017, Investigators A and B interviewed Lieutenant A at 1615 W. Chicago Avenue. Lieutenant A affirmed he was on-duty of July 14, 2017, and assigned to 290R as a Watch Field Lieutenant. Lieutenant A stated that he responded to the scene at the request of Sergeant A to assist with the conflict between hospital staff and the parents. Lieutenant A stated that he had no knowledge of what transpired earlier in the night with Officer A. (Attachments 29-32 & 69)

Investigator A

Supervising Investigator B

V. ANALYSIS AND FINDINGS

1. Allegation Against Officer A

According to the Rules and Regulations of the Chicago Police Department, section I:

B-1: Police officers are frequently required to make decisions affecting human life and liberty in difficult situations where there is little or no opportunity to seek advice and little time for reflection. Law enforcement, therefore, requires an officer to have the stamina, intelligence, moral courage and emotional stability necessary to fairly and impartially deal with the human beings in the many complicated and potentially explosive situations which he encounters.

B-5: an officer's conduct is closely scrutinized, and when his actions are found to be excessive, unwarranted or unjustified he, and the Department, are criticized for more severely than comparable conduct of persons in other walks of life. Since the conduct of a member, on or off duty, does reflect directly upon the Department, a member must at all times conduct himself in a manner which does not bring discredit to himself, the Department or the City.

B-6: Effective law enforcement depends upon a high degree of cooperation between the Department and the public it serves. The practice of courtesy in all public contacts encourages understanding and appreciation; courtesy breeds contempt and resistance. The majority of the public are law abiding citizens who rightfully expect fair and courteous treatment by members of the Department. While the urgency of a given situation would demand firm action, courtesy or disrespect shown toward a citizen is indefensible. The practice of courteous and respectful conduct by a member is not a manifestation of weakness; it is, on the contrary, entirely consistent with the firmness and impartiality that characterizes a professional police officer.

B-13: No member can allow his individual feelings and/or prejudices to enter into his public contacts. Every member must constantly be aware of and eliminate any attitudes which might impair his effectiveness and impartiality.

COPA finds that Officer A's actions on the night of July 14, 2017, were an egregious abuse of his police powers and entirely inconsistent with his duties and responsibilities as a police officer.

When Officer A arrived at Comer's Children Hospital many University of Chicago police officers and hospital medical and security personnel were already present. Nonetheless, Officer A failed to meaningfully confer with the University of Chicago police officers despite Comer's Children Hospital (a University of Chicago hospital) being their primary jurisdiction. Rather, Officer A inappropriately referenced his irrelevant personal situation to Sergeant C and took

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control of the situation. Officer A repeatedly incorrectly asserted that the hospital had to release the child because DCFS had not been contacted.¹² A reasonable officer would not believe that on-duty medical professionals would unlawfully and unjustifiably prevent parents from leaving a hospital with their minor child and would attempt to gather more information. The testimonial and video evidence demonstrates that Doctor 1 and other medical personnel calmly and professionally tried to explain the child's medical situation to Officer A, but Officer A refused to engage in meaningful dialogue. Officer A obstinately and willfully ignored the information the medical professionals attempted to provide him. Officer A refused to talk to Doctor 1 outside the presence of the child's parents and also refused to speak to Doctor 1's supervisor, the attending, on the phone because she was "not present."

Officer A significantly escalated the situation by repeatedly threatening to arrest medical personnel unless they immediately unhooked the child from the IV and allowed the parents to leave with the child. Officer A attempted to use his police powers to force medical personnel to discharge the child against their medical judgment. The medical personnel refused and the evidence demonstrates that Officer A then attempted to arrest Doctor 1 and grabbed Doctor 1 with handcuffs in his other hand causing Doctor 1 to run away from him in fear.

An officer must have probable cause to arrest a subject. *People v. Johnson*, 408 Ill. App. 3d 107 (citing *Beck v. Ohio*, 379 U.S. 89, 91, (1964)). However, Officer A admitted almost immediately after grabbing Doctor 1 that he had "no charge" against Doctor 1. Only Doctor 1 fleeing and the intervention of University of Chicago security personnel and police officers and Officer B prevented Officer A from unlawfully arresting Doctor 1 and potentially endangering the child by escorting the child and child's parents out against medical advice. Furthermore, even assuming *arguendo* that Officer A would not have arrested Doctor 1 had Doctor 1 not fled, Officer A had no legal authority to grab Doctor 1 if he had no basis to arrest or detain him. Therefore, Officer A used excessive force against Doctor 1.

COPA finds that Officer A allowed his personal biases and prejudices to impair his effectiveness and impartiality. Officer A repeatedly referenced his personal situation with his children and Comer's Children Hospital during and after the incident. Officer B and Sergeant A, both noted that Officer A was extremely emotional and was not acting appropriately. Even during his interview with IPRA well after the incident, Officer A proffered justifications and excuses that demonstrate his personal bias. Officer A asserted that he observed the child and the child did not appear to have any injuries and seemed fine and therefore the parents should have been free to leave with the child. However, it is not the role of Chicago police officers to override the medical judgments of trained medical professionals and Officer A admitted that at a minimum the child's

¹² The Abused and Neglected Child Reporting Act does not require prior approval or involvement of the Department of Children and Family Services for a treating physician to take temporary protective custody of a child. The Abused and Neglected Child Reporting Act provides in relevant part that. "An officer of a local law enforcement agency, designated employee of the Department, or a physician treating a child may take or retain temporary protective custody of the child without the consent of the person responsible for the child's welfare, if (1) he has reason to believe that the child cannot be cared for at home or in the custody of the person responsible for the child's welfare without endangering the child's health or safety; and (2) there is not time to apply for a court order under the Juvenile Court Act of 1987 for temporary custody of the child." The person taking or retaining a child in temporary protective custody shall immediately make every reasonable effort to notify the person responsible for the child's welfare and shall immediately notify the Department. 325 ILCS 5/5. Doctor 1 and Comer's Children Hospital acted within its legal rights when it refused to discharge the child when they suspected child neglect and believed discharging the child would endanger the child's health.

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father told him about the child's failure to thrive, vitamin deficiencies, and the suspected child neglect.

Officer A failed to exercise the professional judgment and control necessary to fulfil his police duties and his actions brought significant discredit to the Department. First, Officer A's improper and unlawful conduct occurred in front of numerous University of Chicago Police Department officers¹³ and Comer's Children Hospital medical personnel and created a disturbance in the hospital. Second, Officer A also interfered with Doctor 1's and other medical personnel's medical treatment of the child and other patients. Third, Officer A's involvement negatively escalated an already difficult situation between the child's parents and Comer's Children Hospital staff.¹⁴ Officer A's incorrect assertions about the child's parents rights likely caused the child's parents additional distress when Doctor 1 and Comer's Children Hospital ultimately took protective custody of the child and likely made it significantly more difficult for Sergeant A and Lieutenant A to de-escalate the situation and get the parents to voluntarily leave the hospital later.¹⁵ Nonetheless, Officer A has not expressed any remorse nor has he demonstrated that he understands the problematic nature of his behavior on July 14, 2017.

For the foregoing reasons, COPA recommends the following findings:

COPA recommends a finding of **Sustained** for **Allegation #1** against **Officer A**, in that Officer A did not provide proper police service, as alleged by Commander A and Doctor 1, in violation of Rules 2, 3, 8, and 9.

COPA recommends a finding of **Sustained** for **Allegation #2** against **Officer A**, in that Officer A displayed unbecoming conduct, as alleged by Commander A and Doctor 1, in violation of Rules 2, 3, 8, and 9.

COPA recommends a finding of **Sustained** for **Allegation #3** against **Officer A**, in that Officer A unnecessarily grabbed Doctor 1, in violation of Rules 1, 2, 3, 8, and 9.

COPA recommends a finding of **Sustained** for **Allegation #4** against **Officer A**, in that Officer A threatened to arrest Doctor 1, in violation of Rules 2, 3, 8, and 9.

COPA recommends a finding of **Sustained** for **Allegation #5** against **Officer A**, in that Officer A threatened to arrest medical staff at Comer Children's Hospital, in violation of Rules 2, 3, 8, and 9.

2. Allegation Against Sergeant A

¹³ The various reports generated by the University of Chicago Police Department after the incident reflect how Officer A severely impacted the reputation of the Department. (Attachments 37-40).

¹⁴ The record reflects that Doctor 1 and other Comer's Children Hospital personnel were attempting to de-escalate the situation and negotiate with the parents rather than have to take protective custody of the child to prevent the parents from removing the child against medical advice. While it is unclear what would have happened had Officer A not responded to the call, the evidence demonstrates that his involvement escalated the situation.

¹⁵ COPA commends Lieutenant A and Sergeant A for ultimately successfully de-escalating the situation and getting the child's parents to voluntarily leave without the necessity of the CPD or University of Chicago police arresting them.

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COPA recommends a finding of **Sustained** for **Allegation #1** against **Sergeant A**, in that Sergeant A failed to initiate a complainant log number against Officer A after being informed of his misconduct, in violation of Rules 2, 3, and 5.

According to General Order G08-01-02, Specific Responsibilities Regarding Allegations of Misconduct, of the Chicago Police Department, section II:

A-5: Members who have knowledge of circumstances relating to misconduct will submit an individual written report to a supervisor before reporting off duty on the day the member becomes aware of the misconduct. The report will include the incident Log Number, if available, and all facts relating to the incident known or reported to the member.

B-2: When misconduct is observed or an allegation of misconduct is received by supervisory or command personnel, they will initiate a complete and comprehensive investigation in accordance with this and other directives without looking to higher authority for such action.

B-3: When incidents regarding allegations of misconduct subject to the Log Number process are received, the supervisor or commanding officer who first receives information of the alleged misconduct will:

a. report the information to COPA by telephone, within one (1) hour after the information is received. If the notification occurs during non-business hours (2300-0700), members will contact the Crime Prevention Information Center (CPIC).

b. record all information available at the time the allegation was received in statement or report form and forward the original report to COPA and a copy to the BIA without unnecessary delay.

Sergeant A admitted that Doctor 1 specifically told him he wanted to file a complaint, that he was aware of what had allegedly occurred between Doctor 1 and Officer A, and that he did not talk to Doctor 1 again before leaving the hospital. Additionally, Sergeant A specifically ordered Officer A not to return to the hospital in the future which demonstrates that he knew that Officer A had acted inappropriately during the incident. Indeed, Sergeant A stated that when he talked to Officer A after the incident he was trying to be sympathetic but, “at the same time, you’re trying to deal with the situation at hand, which is that he’s putting his hands on somebody when he shouldn’t be.”¹⁶

3. Allegation Against Sergeant B

COPA recommends a finding of **Unfounded** for **Allegation #1** against **Sergeant B**, which alleges that he failed to initiate a complaint log number against Officer A after being informed of

¹⁶ COPA does not find that Sergeant A was attempting to cover-up Officer A’s misconduct; rather Sergeant A appears to have genuinely misunderstood his duties and responsibilities under General Order G08-02-01.

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his misconduct. The evidence demonstrates that Sergeant B arrived on scene well after Sergeant A had initially responded and that no one discussed the incident between Doctor 1 and Officer A with him. Sergeant A stated that he did not tell Sergeant B about what occurred between Doctor 1 and Officer A. There is no evidence that Sergeant B was aware of Officer A's misconduct or that he had a reason to inquire about Officer A's actions. Therefore, Sergeant B was not required to initiate a complaint log number against Officer A.

4. Allegation Against Lieutenant A

COPA recommends a finding of **Sustained** for **Allegation #1** against **Lieutenant A**, in that Lieutenant A failed to initiate a complainant log number against Officer A after being informed of his misconduct, in violation of Rules 2, 3, and 5. Lieutenant A stated that he did not have knowledge of the incident that occurred between Doctor 1 and Officer A. Sergeant A told IPRA investigators that he did not tell Lieutenant A about Officer A grabbing Doctor 1 or attempting to arrest Doctor 1. However, Sergeant A stated that he told Lieutenant A that the hospital did not want Officer A to return and that Lieutenant A was present when he ordered Officer A not to respond to calls at the Comer's Children Hospital in the future. COPA finds Sergeant A credible on this issue. Sergeant A's actions put Lieutenant A on notice that misconduct had occurred at the hospital and at a minimum Lieutenant A then had a duty to gather more information from Sergeant A and/or Officer A and subsequently initiate a complainant log number against Officer A once he learned about what occurred.¹⁷

Deputy Chief Investigator A

Deputy Chief Investigator B

¹⁷ COPA does not find that Lieutenant A was attempting to cover-up Officer A's misconduct and notes that Sergeant A should have expressly told him about the allegations against Officer A when discussing the hospital desire for Officer A not to return to avoid any ambiguity.